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**V3995**

**Local Anesthesia: Eliminating Misses and Near Misses**

Mel Hawkins, DDS, BScD AN  
Gordon J. Christensen, DDS, MSD, PhD

**Materials Included:**

C.E. Instruction Sheet  
Products List  
Clinicians Responsible  
Goals & Objectives  
Overview  
Supplemental Materials  
AGD Post-Test

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**PRACTICAL CLINICAL COURSES**

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*Sources of Products Discussed in*

**V3995 Local Anesthesia: Eliminating Misses and Near Misses**

Presented by: Mel Hawkins, DDS, BScD AN & Gordon J. Christensen, DDS, MSD, PhD

1. **Articadent**  
Dentsply Sirona  
13320-B Ballantyne Corporate Pl  
Charlotte, NC 28277  
(800)877-0020  
[www.dentsplysirona.com](http://www.dentsplysirona.com)
2. **Carbocaine by Septodont**  
Dental Distributors
3. **Kovanaze by St. Renatus**  
Local Pharmacy
4. **Molt Mouth Gag**  
Hu-Friedy Mfg. Co., LLC  
3232 North Rockwell Street  
Chicago, IL 60618  
(800)483-7433  
(773)975-6100  
[www.hufriedygroup.com](http://www.hufriedygroup.com)
5. **Molt Mouth Prop #907**  
Karl Schumacher Dental, LLC  
1666 E. Touhy Avenue  
Des Plaines, IL 60018  
(800)523-2427  
(215)322-0511  
[www.karlschumacher.com](http://www.karlschumacher.com)
6. **Orabloc by Pierrel**  
Dental Distributors
7. **Scandonest by Septodont**  
Dental Distributors
8. **Septocaine by Septodont**  
Dental Distributors
9. **Zorcaine by Septodont**  
Dental Distributors

***Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.***

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## **PROGRAM**

### **V3995 Local Anesthesia: Eliminating Misses and Near Misses**

#### **CLINICIANS RESPONSIBLE:**

##### **Mel Hawkins, DDS, BScD AN**

Founding Director, Intravenous Sedation Continuing  
Education Program at the University of Alberta

Founding Director, Intravenous Sedation Program  
at the University of Toronto

Private Practitioner (over 30 years), with special emphasis  
on pain control and pain management

##### **Gordon J. Christensen, DDS, MSD, PhD**

Founder and CEO, Practical Clinical Courses  
Senior Consultant & Previous CEO, CR Foundation  
Practicing Prosthodontist, Provo, Utah

#### **GOALS & OBJECTIVES**

At the completion of this video presentation, viewers should be able to:

1. Discuss the prevalence of need for local anesthesia in dentistry.
2. Estimate the number of local anesthetic injections a dentist would do in one day.
3. Discuss the need to know oral/head and neck anatomy to have local anesthesia success.
4. Discuss the gauge of needles recommended for local anesthetic delivery.
5. Discuss purposely bending of needles.
6. Discuss important anatomical landmarks essential for adequate anesthesia of the inferior alveolar nerve.
7. Describe the lingula and its relationship to the inferior alveolar nerve.
8. Describe positioning of the syringe when doing an inferior alveolar nerve block.
9. Discuss where to inject for infiltration anesthesia of the mandibular first molar.
10. Describe the location of an injection for the long buccal nerve.
11. Describe the Gow-Gates injection.
12. Describe the influence of adipose cells in the site of the Gow-Gates injection.
13. List the most common reasons for failure blocking the inferior alveolar nerve.
14. Compare articaine with lidocaine.
15. Compare the concentration of articaine with lidocaine.
16. List five tips to assist in ensuring the success of an inferior alveolar nerve block.
17. Discuss the necessity of alternative local anesthesia techniques.
18. Discuss the alleged neurotoxicity of articaine.
19. Describe the recommended injections to anesthetize the entire mandibular dentition.
20. Discuss potential future changes in need for local anesthesia in dentistry.

## OVERVIEW

### **V3995 Local Anesthesia: Eliminating Misses and Near Misses**

The following are discussed in this presentation:

- The prevalence of need for local anesthesia in dentistry
- The number of local anesthetic injections a dentist would do in one day
- The need to know oral/head and neck anatomy to have local anesthesia success
- The gauge of needles recommended for local anesthetic delivery
- Bending of needles
- Important anatomical landmarks essential for adequate anesthesia of the inferior alveolar nerve
- The lingula and its relationship to the inferior alveolar nerve
- Positioning of the syringe when doing an inferior alveolar nerve block
- Where to inject for infiltration anesthesia of the mandibular first molar
- The location of an injection for the long buccal nerve
- The Gow-Gates injection
- Influence of adipose cells in the site of the Gow-Gates injection
- The most common reasons for failure blocking the inferior alveolar nerve
- Articaine vs. lidocaine
- A comparison of the concentration of articaine with lidocaine
- Tips to assist in ensuring the success of an inferior alveolar nerve block
- The necessity of alternative local anesthesia techniques
- The alleged neurotoxicity of articaine
- Recommended injections to anesthetize the entire mandibular dentition
- Potential future changes in need for local anesthesia in dentistry

## SUPPLEMENTAL MATERIALS

### **V3995 Local Anesthesia: Eliminating Misses and Near Misses**

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## POST-TEST

### **V3995 Local Anesthesia: Eliminating Misses and Near Misses**

1. Reason(s) for failure of local anesthesia in dentistry include(s):
  - a. clinician unfamiliarity with hard-tissue anatomy.
  - b. clinician unfamiliarity with soft-tissue anatomy.
  - c. neurovascular anomalies.
  - d. all of the above.
  
2. The coronoid notch:
  - a. has no anatomical significance to syringe guidance.
  - b. is the greatest indentation depth on the anterior border of the ramus.
  - c. is on the distal aspect of the ramus of the mandible.
  - d. none of the above.
  
3. Disadvantage(s) of the **conventional** inferior alveolar block include(s):
  - a. increased vascularity in the area.
  - b. anatomical variance.
  - c. macroglossia.
  - d. all of the above.
  
4. The Gow-Gates mandibular block:
  - a. is more difficult than the conventional inferior alveolar nerve block.
  - b. requires needle insertion slightly higher than the inferior alveolar nerve block.
  - c. requires needle insertion slightly lower than the inferior alveolar nerve block.
  - d. has faster onset than the inferior alveolar nerve block.
  
5. The long buccal injection:
  - a. provides anesthesia for the molars and premolars on the injected side.
  - b. provides anesthesia for molars, premolars, and anteriors on the injected side.
  - c. provides minimal anesthesia for the teeth.
  - d. none of the above.
  
6. Most dentists have the following number of injections for adequate anesthesia for the inferior alveolar nerve block:
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  
7. Disadvantage(s) of the Gow-Gates injections include(s):
  - a. mouth must be **wide open**.
  - b. extraoral landmarks are missing.
  - c. post-injection, must **stay open 2 minutes**.
  - d. all of the above.

**POST-TEST (CONT'D)**

**V3995 Local Anesthesia: Eliminating Misses and Near Misses**

8. Articaine:
- a. has more potential for producing paresthesia than lidocaine.
  - b. has less potential for producing paresthesia than lidocaine.
  - c. has the same potential for producing paresthesia than lidocaine.
  - d. never produces paresthesia.
9. Articaine:
- a. is used less than lidocaine in USA dentistry.
  - b. is more toxic than lidocaine.
  - c. has slower onset than lidocaine.
  - d. is used more than lidocaine in USA dentistry.
10. Articaine:
- a. has been available in Germany and France since 1976.
  - b. has ~90% of the market, in Canada since 1983.
  - c. has been in the United States since 2000.
  - d. all of the above.

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